2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMEN I # N46694 1. Entity Name CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S ASSOCIATION, INC.							04-28-200	8 9033 / ()50 ****6	51.25
Principal Place 4424 CLIPPER DESTIN, FL 3	R COVE	P.O. B	Address 0X 172 N, FL 32540	US			ITUSTU ESIKA OKSIO SUISI DI	II) exell elek ele	ii BiBii BiBii BiT	
2. Principal Place of Business - No P.O. Box #		3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			04262008	Chg-NP	CR2E03	7 (12/06)	
City & State		City	City & State			4. FEI Number 59-3103				pplied For ot Applicable
Zip	Zip Country		Cou		ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required			litional d	
··-·	6. Name and Address of Curre	nt Registered	Agent		A 1	7. Name and	Address of New	Registered A	\gent	
PLEAT, DAVID 4477 LEGENDARY DR., STE #202 DESTIN, FL 32541					Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	ė
SIGNATURE	ons of registered agent. Signature, typed or printed name of registered age Filling Fee is \$61.25	ent and title if applic	9. Election Cam		<u> </u>	equired when reinstating)		DATE	navahla ti	
	Due by May 1, 2008		Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flo	rida Depari	tment of St	
10.								TD0 4140 D45		
NAME STREET ADDRESS	PD BENNETT, ROGER 4461 CLIPPER COVE DESTIN, FL 32541	DIRECTORS	₩ Delete		1	ADDITIONS/CHA	NGES TO OFFICI	EHS AND DIF	Change	10 Addition
NAME STREET ADDRESS, CITY-ST-ZIP TITLE *** NAME STREET ADDRESS	PD BENNETT, ROGER 4461 CLIPPER COVE	DIRECTORS	Delete	TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	ADDITIONS/CHA	NGES TO OFFICE	EHS AND DIF		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID O. TEETZ

850-424.6300 Daytime Phone #